

State and Jurisdictional Eligibility Definitions for Infants and Toddlers with Disabilities Under IDEA

by Jo Shackelford

A major challenge to state and jurisdictional policy makers in implementing the Early Intervention Program for Infants and Toddlers with Disabilities, Part C under the Individuals with Disabilities Education Improvement Act of 2004 (IDEA, 2004), continues to be determining definitions of developmental delay and criteria of eligibility for services to young children, birth through 2 years of age, and their families. Under Part C, participating states and jurisdictions must provide services to two groups of children: those who are experiencing developmental delays, and those who have a diagnosed mental or physical condition that has a high probability of resulting in developmental delay. In addition, states may choose to serve children who are at risk of experiencing a substantial developmental delay if early intervention services are not provided. *(See Table 1 on page 2 for the statutory language relating to eligibility of infants and toddlers under Part C of the Individuals with Disabilities Education Improvement Act of 2004. Please note that as of June, 2006, federal regulations for this reauthorization have not been proposed. However, there were no substantive changes in the law in this area that would suggest regulatory changes. When the regulations are available this paper will be revised accordingly.)*

The task of defining the eligible population has been a challenge for states. Eligibility criteria influence the numbers and types of children needing or receiving services, the types of services provided, and ultimately the cost of the early intervention system. Over the years, several states have revised their definitions: some have narrowed their eligibility criteria and others have expanded them. Soon after the creation of the Early Intervention Program under IDEA, many states were interested in serving children at risk, but fears of highly increased numbers of eligible children and, therefore, highly increased costs, reduced the number of states that included children at risk in their eligibility definition. Several states that are not serving children at risk under their definition indicate that they will monitor the development of these children and refer them for early intervention services as delays are manifested.

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This paper discusses how the 50 states and 6 jurisdictions that participate in the Part C program define developmental delay and, as applicable, at risk in their definition of eligibility for services. Table 2 displays a summary of states' and jurisdictions' definitions of developmental delay and, as applicable, their approaches to serving children who are at risk of having substantial developmental delay.

Criteria for Definitions of Developmental Delay

Although the IDEA statute for Part C specifies the developmental areas that are to be included in states' definitions of developmental delay (*see Table 1*), states must identify appropriate diagnostic instruments, procedures (including the use of informed clinical opinion), and levels of functioning or other criteria that will be used to determine eligibility. A review of state eligibility definitions under Part C reveals that states are expressing criteria for delay quantitatively — such as (a) the difference between chronological age and actual performance level expressed as a percentage of chronological age, (b) delay expressed as performance at a certain number of months below chronological age, or

(c) delay as indicated by standard deviation below the mean on a norm-referenced instrument — and qualitatively — such as delay indicated by atypical development or observed atypical behaviors. One state has developed a matrix of criteria for delay, differentiating the amount of delay according to the age of the child in months. The rationale for this is that a 25% delay in a 1-year-old's development, for example, is quite different from a 25% delay in a 3-year-old's development (Harbin, Gallagher, & Terry, 1991; Shonkoff & Meisels, 1991).

There is wide variability in the type of quantitative criteria states use to describe developmental delay, and there also is a wide range in the level of delay states require for eligibility. Common measurements of level of delay are 25% delay or 2 standard deviations (SD) below the mean in one or more developmental areas, or 20% delay or 1.5 SD in two or more areas. Traditional assessment instruments, yielding scores in standard deviations or developmental age in months, may not adequately address some developmental domains, or may not be comparable across developmental domains or across age levels (Benn, 1994; Brown & Brown, 1993). For this reason, some states have included qualitative criteria for determining developmental delay. This type of criterion includes findings of atypical behavior.

Because there is an insufficient number of reliable and valid instruments for the birth-through-2 age group and questionable predictive validity for available instruments, determining delay by traditional assessment can be problematic (Benn, 1994; Shonkoff & Meisels, 1991). For that reason, the existing Part C regulations require that informed clinical opinion be included for eligibility determination (*see* 34 C.F.R. 303.322(c)(2)). Informed clinical opinion relies on qualitative and quantitative information to determine the need for early intervention services, and typically is derived from the consensus of a multidisciplinary team that includes parents and information from multiple sources (Benn, 1994; Harbin et al., 1991). Several states' policies specify only informed clinical opinion as the criterion for eligibility without providing quantitative criteria.

Inclusion of Risk Factors

Three categories of risk for adverse developmental outcomes that are frequently described by states are conditions of established risk, biological/medical risk, and environmental risk. Children with an established physical or mental condition with a high probability of resulting in developmental delay are, under IDEA,

Table 1

Definitions Related to Eligibility Under Part C of the IDEA Amendments of 2004

Under Part C of IDEA, states *must provide* services to any child “under 3 years of age who needs early intervention services” (IDEA 2004, §632(5)(A)) because the child:

“(i) is experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures in 1 or more of the areas of cognitive development, physical development, communication development, social or emotional development, and adaptive development; or

(ii) has a diagnosed physical or mental condition which has a high probability of resulting in developmental delay” (IDEA 2004, §632(5)(A)).

A state also *may provide* services, at its discretion, to at-risk infants and toddlers. An at-risk infant or toddler is defined under Part C as “an individual under 3 years of age who would be at risk of experiencing a substantial developmental delay if early intervention services were not provided to the individual” (IDEA 2004, §632(1)).

eligible for services. If a state decides to include in its eligibility definition children with other risk factors, it must delineate the criteria and procedures (including the use of informed clinical opinion) that will be used to identify those children. The statute encourages states “to expand opportunities for children under 3 years of age who would be at risk of having substantial developmental delay if they did not receive early intervention services” (IDEA 2004, §631(b)(4)). The statute also allows states that do not serve infants and toddlers who are at risk to use IDEA funds to identify, evaluate, refer, and conduct periodic follow-up on each referral to determine any changes in eligibility status (IDEA 2004, §638(5)).

Conditions of Established Risk. IDEA requires states to provide services to children who have conditions of established risk. A condition of established risk is defined as a “diagnosed physical or mental condition which has a high probability of resulting in developmental delay” (IDEA 2004, §632(5)(A)(ii)). These conditions include, but are not limited to, “chromosomal abnormalities; genetic or congenital disorders; severe sensory impairments, including hearing and vision; inborn errors of metabolism; disorders reflecting disturbance of the development of the nervous system; congenital infections; disorders secondary to exposure to toxic substances, including fetal alcohol syndrome; and severe attachment disorders” (see 34 C.F.R. §303.16, Note 1). Children in this category are eligible for services under Part C of IDEA by virtue of their diagnosis, regardless of whether a measurable delay is present.

Although many states have mirrored the Part C regulatory language in listing diagnosed conditions in their eligibility definitions, several states have included many other conditions in their eligibility definitions. This may be because there is less agreement among professionals about what other conditions might be included in this category versus the biological/medical risk category. Accompanying their list of diagnosed conditions, many states use the phrase “but is not limited to the following” to allow flexibility for other conditions to be accepted for eligibility.

Biological/medical risk. Because children with a history of significant biological or medical conditions or events have a greater chance of developing a delay or a disability than children in the general population, states may include them under the optional eligibility category of at risk. Examples of biological/medical risk conditions that states have listed include low birthweight, intraventricular hemorrhage at birth, chronic lung

disease, and failure to thrive.

Biological/medical risk conditions do not invariably lead to developmental delay, and many children who have a history of biological events will do well developmentally with or without services (Shonkoff & Meisels, 1991). Therefore, a comprehensive child and family evaluation by a multidisciplinary team (MDT) is necessary to determine (a) eligibility and (b) the appropriate intervention services (Shonkoff & Meisels, 1991).

Environmental Risk. Children at environmental risk include those whose caregiving circumstances and current family situation place them at greater risk for delay than the general population. As with biological/medical risk, states are not required, but may choose to include children at environmental risk under the optional eligibility category of at risk. Examples of environmental risk factors may include parental substance abuse, family social disorganization, poverty, homelessness, parental developmental disability, parental age, parental educational attainment, and child abuse or neglect.

The 2004 reauthorization of IDEA added a requirement that states have policies and procedures to refer children for early intervention services who are involved in substantiated child abuse or neglect, or affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure (IDEA 2004, §637(a)(6)). Federal regulations addressing this new requirement will be forthcoming.

As with children at biological/medical risk, environmental risk factors do not invariably result in delay or disability. Therefore, an MDT’s comprehensive evaluation is essential to determining eligibility and appropriate services.

Single vs. Multiple Risk Factors. No single event or risk factor reliably predicts developmental outcome. The greater the number of both biological/medical and/or environmental risk factors, the greater the developmental risk. Research shows, however, that there can be factors in a child’s caregiving environment that may mediate the impact of risk factors. These may include temperament of the child, high self-esteem, good emotional relationship with at least one parent, and successful learning experiences (Brown & Brown, 1993; Knudtson et al., 1990). Assessments should address multiple and cumulative risk criteria, both biological and environmental, and consider the resilience or protective factors, within a context of change over time (Kochanek,

Kabacoff & Lipsitt, 1990; Shonkoff & Meisels, 1991).

Some states that choose to serve children who are eligible under optional at risk categories use a multiple risk model with a range of three to five risk factors required for eligibility for services. A few states require less delay for eligibility when environmental and/or biological/medical risk factors also are present.

Table of States' Part C Definitions

Table 2, at the end of this paper, summarizes the policies of states and other governing jurisdictions regarding the definition of developmental delay for Part C eligibility and the provision of services for at risk children. The author gathered this information from the most recent copy of states' Part C applications or from personal communication with Part C coordinators. The Table is divided into three categories: Level of Developmental Delay Required for Eligibility, Serving At Risk, and Comments.

Level of Developmental Delay Required for Eligibility. State criteria for delay are indicated in different ways. Those measured by assessment instruments are expressed in standard deviation (SD), percent delay, delay in months, or percentile scores. Other determinants include informed clinical opinion or the judgment of an MDT. Areas refer to the five developmental areas cited in the law: "cognitive development, physical development, communication development, social or emotional development, and adaptive development" (IDEA 2004, §632(5)(A)(i)).

Serving At Risk. Whether or not a state has elected to serve at risk children under its Part C program is indicated. If a state is serving only particular categories of at risk (e.g., biological/medical risk and/or environmental risk), the eligible category as identified by the state is indicated. Please note that diagnosed physical or mental condition with high probability of resulting in developmental delay, commonly referred to as "established conditions," is an eligibility category required under Part C and, thus, is not included in this Table.

Comments. This column provides several kinds of information. For those states that have elected not to serve at risk under Part C, the intent to track, screen, or monitor this population is described if the state has so indicated. Other relevant observations about a state's

eligibility criteria also are included, such as state-developed lists of risk factors or established conditions.

State definitions are current as of publication date, but may change as states redefine their eligible population. NECTAC maintains files on states' Part C eligibility criteria and can provide updated information on request.

References

- Benn, R. (1994). Conceptualizing eligibility for early intervention services. In D. M. Bryant & M. A. Graham (Eds.), *Implementing early intervention* (pp. 18-45). New York: Guilford Press.
- Brown, W., & Brown, C. (1993). Defining eligibility for early intervention. In W. Brown, S. K. Thurman, & F. Pearl (Eds.), *Family-centered early intervention with infants and toddlers: Innovative cross-disciplinary approaches* (pp. 21-42). Baltimore: Paul H. Brookes Publishing Co.
- Early Intervention Program for Infants and Toddlers with Disabilities Rule, 34 C.F.R. §303 (2001).
- Harbin, G. L., Gallagher, J. J., & Terry, D. V. (1991). Defining the eligible population: Policy issues and challenges. *Journal of Early Intervention, 15*(1), 13-20.
- The Individuals with Disabilities Education Improvement Act of 2004, Pub. L. No. 108-446, §632, 118 Stat. 2744 (2004).
- Kochanek, T., Kabacoff, R., & Lipsitt, L. (1990). Early identification of developmentally disabled and at risk preschool children. *Exceptional Children, 56*(6), 528-538.
- Knudtson, F., Strong, M., Wiegardt, E., Grier, R., & Bennett, B. (1990, January 10). *Definition of developmental delay and high risk factors study, Task B Report: Literature review*. [Available from Mike Zito, Early Intervention Program, State Department of Developmental Services, P.O. Box 944202, Sacramento, CA 95814; or Patricia Spikes-Calvin, Berkeley Planning Associates, 440 Grand Avenue, Suite 500, Oakland, CA 94610.]
- Shonkoff, J., & Meisels, S. (1991). Defining eligibility for services under Public Law 99-457. *Journal of Early Intervention, 15*(1), 21-25.

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About the Author

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**Table 2:
State and Jurisdictional Eligibility Definitions Under Part C of IDEA^{1, 2}**

State	Level of Developmental Delay Required for Eligibility ³	Serving At risk	Comments
Alabama	25% delay in one or more areas	NO	
Alaska	50% delay or equivalent standard deviation (SD) below the norm in one area; multidisciplinary team (MDT) clinical opinion to document atypical development	NO	Provides services to at risk, based on available funding through the Infant Learning Program; collaborative efforts with Early Head Start, Healthy Families Alaska, and child care resource and referral agencies.
American Samoa	25% delay or 1.5 SD in one or more developmental areas; or professional judgment	YES (biological and environmental)	Biological risk is defined as medical conditions that increase the risk of developmental delay. Environmental risks are physical, social or economic factors which may result in developmental delay. Some require only one risk factor, some require five or more risk factors.
Arizona	50% delay in one or more areas	NO	
Arkansas	25% delay in one or more areas; informed clinical opinion	NO	
California	Significant difference between expected level of development and current level of functioning as determined by qualified MDT, including parents; atypical development determined by informed clinical opinion	YES (biological)	Serves high risk due to a combination of two or more biological factors determined by the multidisciplinary team.
Colorado	Significant delay in one or more developmental domains; "Significant delay" shall mean development that qualified personnel determine to be outside the range of "normal" or "typical" as for a same age peer.	NO	

1. Source: Survey of Part C Coordinators and/or definition from most recent OSEP-approved application; data current as of July 2006
2. Note: Diagnosed physical or mental condition with high probability of resulting in developmental delay, commonly referred to as "established conditions," is an eligibility category required under Part C and, thus, is not included in this table.
3. "Areas" refer to the five developmental areas — physical, communication, cognitive, social or emotional, and adaptive that are cited in the law.

Table 2: State and Jurisdictional Eligibility Definitions Under Part C of IDEA^{1,2}, continued

State	Level of Developmental Delay Required for Eligibility ³	Serving At risk	Comments
Connecticut	As measured on a standardized test, 2 SD in one area; or 1.5 SD in two areas; or informed clinical opinion of at least two qualified professionals to substantiate the equivalent delay for children for whom use of standardized instruments is not applicable.	NO	Enrollment in the Ages and Stages tracking program is offered to any family whose child is found not eligible, and families can request another evaluation after three months. Children with birth weights 750-1000g, children with certain conditions and a mild delay, and children with a minus 2 SD in expressive language only with biological risk factors, are offered quarterly "follow-along" visits to monitor the child's development.
Delaware	25% delay in one area; and/or MDT clinical judgment; and/or standardized test scores (when available) of 1.75 SD below the mean. Children with expressive language delays only are not eligible except based on clinical judgment.	NO	Provides a list of established conditions. Provides eligibility guidelines for infants and toddlers with delays in expressive language, "Delaware Guidelines for Young Children with Communication Delays."
District of Columbia	50% delay in one or more areas; informed clinical opinion	NO	
Federated States of Micronesia — Currently not eligible for this federal program.			
Florida	1.5 SD in one area or 25% delay in months of age in one area; or informed clinical opinion	NO	
Georgia	2 SD in one area; 1.5 SD in two areas; or informed clinical opinion	NO	Provides an extensive annotated list of established physical/mental conditions.
Guam	2 SD or 30% delay in one area; 1.5 SD or 22% delay in two areas; or `informed clinical opinion by at least two qualified professionals	YES (biological and environmental)	Provides an extensive list of established physical, mental conditions as well as a list of biological risk factors. A list of environmental risk conditions is provided. Some require only one risk factor, others require five or more environmental risk factors.

1. Source: Survey of Part C Coordinators and/or definition from most recent OSEP-approved application; data current as of July 2006
2. Note: Diagnosed physical or mental condition with high probability of resulting in developmental delay, commonly referred to as "established conditions," is an eligibility category required under Part C and, thus, is not included in this table.
3. "Areas" refer to the five developmental areas — physical, communication, cognitive, social or emotional, and adaptive that are cited in the law.

Table 2: State and Jurisdictional Eligibility Definitions Under Part C of IDEA^{1,2}, continued

State	Level of Developmental Delay Required for Eligibility ³	Serving At risk	Comments
Hawaii	MDT consensus; no level of SD or % delay specified	YES (biological and environmental)	<p>Biological risk: means prenatal, perinatal, neonatal, or early developmental events suggestive of biological insults to the developing central nervous system; a diagnosed physical or mental condition that has a high probability of resulting in developmental delay including very low birth weight (1,500 grams or less).</p> <p>Environmental risk: means physical, social or economic factors which may limit development.</p> <p>One of the following conditions: parental age less than 16; any existing physical, developmental, emotional, or psychiatric disability in primary caregiver; substance abuse by primary caregiver; or risk for child abuse or neglect.</p> <p><i>or</i></p> <p>Two of the following conditions: Birth weight 1500 – 2500 grams; parental age 16-18 and less than high school education; presence of physical, developmental, emotional, or psychiatric disability in a sibling or any family member in the home; economically disadvantaged family; single parent; or, incarceration of a primary caregiver.</p>
Idaho	30% below age norm or 6 months delay, whichever is less adjusted for prematurity, or 2 SD in one area; 1.5 SD in two areas; informed clinical opinion	NO	Screens and tracks at risk. These children may be eligible "based on informed clinical opinion for those infants and toddlers having a combination of risk factors that taken together make developmental delay highly possible." An extensive list of established conditions is provided.
Illinois	30% delay in one or more areas; or informed clinical opinion by MDT	NO	A list of established medical conditions is provided.

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2. Note: Diagnosed physical or mental condition with high probability of resulting in developmental delay, commonly referred to as "established conditions," is an eligibility category required under Part C and, thus, is not included in this table.
3. "Areas" refer to the five developmental areas — physical, communication, cognitive, social or emotional, and adaptive that are cited in the law.

Table 2: State and Jurisdictional Eligibility Definitions Under Part C of IDEA^{1,2}, continued

State	Level of Developmental Delay Required for Eligibility ³	Serving At risk	Comments
Indiana	2.0 SD in one area or 25% below chronological age; 1.5 SD in two areas or 20% below chronological age in two areas; informed clinical opinion	NO	
Iowa	25% below age in one or more areas based on informed clinical opinion of an MDT or a known condition with a high probability of resulting in later delays in development based on informed clinical opinion	NO	Tracking, monitoring, and serving at risk are based on local option and availability of local funding.
Kansas	25% delay or 1.5 SD in one or more areas; 20% delay or 1 SD in two areas; clinical judgment of MDT	NO	Provides a list of established conditions.
Kentucky	2 SD in one area; 1.5 SD in two areas; informed clinical opinion; if formal testing does not meet eligibility criteria but concerns remain, a more intensive level of evaluation may be requested	NO	Children who are initially eligible by informed clinical opinion must be re-evaluated annually to document significant developmental delay, and if not eligible will exit the system. Examples of atypical behavior provided; List of established conditions.
Louisiana	2SD below the mean or 33% below age in months in one area; or 1.5 SD below the mean or 25% below age in months in two or more areas; Informed clinical opinion may be used to establish eligibility when use of standardized instruments is not applicable and when child exhibits atypical behavior that cannot be measured by standardized test. Informed clinical opinion must be from at least two qualified professionals from different disciplines, other than Family Support Coordinator, to substantiate the equivalent delay of 2 SD in one area.	NO	
Maine	A delay of approximately 2.0 or more SD's below the mean or delay of 25% below chronological age in at least one area; or a delay of approximately 1.5 SD's below the mean or 15% below chronological age in at least two areas.	NO	

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2. Note: Diagnosed physical or mental condition with high probability of resulting in developmental delay, commonly referred to as "established conditions," is an eligibility category required under Part C and, thus, is not included in this table.
3. "Areas" refer to the five developmental areas — physical, communication, cognitive, social or emotional, and adaptive that are cited in the law.

Table 2: State and Jurisdictional Eligibility Definitions Under Part C of IDEA^{1,2}, continued

State	Level of Developmental Delay Required for Eligibility ³	Serving At risk	Comments
Marshall Islands	Currently not eligible for this federal program.		
Maryland	25% delay in one or more areas; atypical development/ behavior	NO	Tracks and refers at risk children.
Massachusetts	25% delay as, measured by an approved instrument yielding age equivalent scores, in one or more areas of development; or 1 SD below the norm, as measured by an approved instrument yielding SD scores, in one or more areas of development; or if child has questionable quality of developmental skills and functioning based on clinical judgment of MDT.	Yes (biological and environmental)	A child found to be eligible based on clinical judgment can receive services for up to 6 months. For services to continue after this period, eligibility must be determined based on diagnosis, developmental delay or risk factors. Eligibility based on risk requires the presence of four risk factors from lists of child characteristics and family characteristics.
Michigan	Developmental delay will be determined by informed clinical judgment of a MDT which includes parent(s); multiple sources of information required which include at a minimum: (1) developmental history as currently reported by the parent(s) and/or primary caregiver; (2) observational assessment; (3) recent health status appraisal; (4) An appropriate formal assessment measure (standardized developmental test, inventory or behavioral checklist); This formal measure shall not be used as the sole criterion to determine the absence of delay.	NO	At risk not entitled to services under Part C, but local service areas may choose to serve this population. Biological and environmental risk factors are described. Children are considered at risk for substantial developmental delay based on parental and/or professional judgment and presence of four or more risk factors.

1. Source: Survey of Part C Coordinators and/or definition from most recent OSEP-approved application; data current as of July 2006
2. Note: Diagnosed physical or mental condition with high probability of resulting in developmental delay, commonly referred to as "established conditions," is an eligibility category required under Part C and, thus, is not included in this table.
3. "Areas" refer to the five developmental areas — physical, communication, cognitive, social or emotional, and adaptive that are cited in the law.

Table 2: State and Jurisdictional Eligibility Definitions Under Part C of IDEA^{1,2}, continued

State	Level of Developmental Delay Required for Eligibility ³	Serving At risk	Comments
Minnesota	Children birth through 2 are eligible if they have a medically diagnosed syndrome or condition known to hinder normal development or if they have a delay in overall development demonstrated by a composite score of 1.5 SD or more below the mean on an evaluation or if less than 18 months and they have a delay in motor development that is demonstrated by a composite score of more than 2.0 SD below the mean. The child's needs must be supported by observation and corroboration of the evaluation or medical diagnosis must be made with a developmental history and at least one other evaluation procedure.	NO	
Mississippi	1.5 SD or 25% delay in one or more areas; informed clinical opinion	NO	Tracks and refers at risk children.
Missouri	50% delay in one area; for prematurity, the adjusted chronological age (which is calculated by deducting one-half of the prematurity from the child's chronological age) should be assigned for a period of up to 12 months or longer if recommended by the child's physician.	NO	List of established conditions.
Montana	50% delay in one area or 25% delay in two areas; informed clinical opinion	NO	
Nebraska	2.0 SD below the mean in one area; 1.3 SD below the mean in two areas or informed clinical opinion of qualified professionals in consultation with the family	NO	
Nevada	50% delay in one area or 25% delay in two areas, adjusted for gestational age less than 36 weeks	NO	

1. Source: Survey of Part C Coordinators and/or definition from most recent OSEP-approved application; data current as of July 2006
2. Note: Diagnosed physical or mental condition with high probability of resulting in developmental delay, commonly referred to as "established conditions," is an eligibility category required under Part C and, thus, is not included in this table.
3. "Areas" refer to the five developmental areas — physical, communication, cognitive, social or emotional, and adaptive that are cited in the law.

Table 2: State and Jurisdictional Eligibility Definitions Under Part C of IDEA^{1,2}, continued

State	Level of Developmental Delay Required for Eligibility ³	Serving At risk	Comments
New Hampshire	Atypical behaviors documented by qualified personnel; or 33% delay in one or more areas	YES (biological and environmental)	At risk means child is experiencing five or more documented diagnoses, events, or circumstances affecting the child or parent. A list is included.
New Jersey	33% delay in one area; 25% delay in two or more areas based on corrected age for infants born before 38 weeks gestation and applying until age 24 months	NO	Legal requirement to report children with birth defects to special child health registry and case management.
New Mexico	25% delay in one area after correction for prematurity	YES (biological and environmental)	Biological Risk - early medical conditions as documented by a physician or other primary health care provider, which are known to produce developmental delays in some children; Environmental Risk - two or more physical, social and/or economic factors in the environment which pose a substantial threat to the child's development. The team which determines eligibility based on environmental risk must include representation from two or more agencies with relevant knowledge of the child, family and environmental risk factors.
New York	1) 12-month delay in one area, or 2) 33% delay in one area or 25% delay in two areas, or or 3) 2 SD in one area or 1.5 SD in two areas, or 4) informed clinical opinion by MDT	NO	
North Carolina	2.0 SD or 30% delay in one area 1.5 SD or 25% delay in two or more areas	NO	
North Dakota	50% delay in one area; 25% delay in two or more areas; informed clinical opinion	NO	
Northern Mariana Islands	25% delay in one or more developmental domains; clinical opinion of qualified professionals may establish eligibility	NO	Defines qualified professionals. Assists with tracking and monitoring infants and toddlers at risk.

1. Source: Survey of Part C Coordinators and/or definition from most recent OSEP-approved application; data current as of July 2006
2. Note: Diagnosed physical or mental condition with high probability of resulting in developmental delay, commonly referred to as "established conditions," is an eligibility category required under Part C and, thus, is not included in this table.
3. "Areas" refer to the five developmental areas — physical, communication, cognitive, social or emotional, and adaptive that are cited in the law.

Table 2: State and Jurisdictional Eligibility Definitions Under Part C of IDEA^{1,2}, continued

State	Level of Developmental Delay Required for Eligibility ³	Serving At risk	Comments
Ohio	Experiencing a delay in one or more areas as measured by a developmental evaluation tool and informed clinical opinion	NO	Provides a list of established conditions.
Oklahoma	50% delay in one area; 25% delay in two or more areas	NO	
Oregon	2 SD in one area; or 1.5 SD in two or more areas; or meets the minimum criteria for one of the following disability categories in Oregon Administrative Rule (OAR) 581-015-0051: autism spectrum disorder, deaf blindness, hearing impairment, orthopedic impairment or visual impairment	NO	
Palau — Currently not eligible for this federal program.			
Pennsylvania	25% delay or 1.5 SD in one area; informed clinical opinion	NO	Children at risk are eligible for tracking and periodic screening. Defines at risk.
Puerto Rico	Quantitative and qualitative criteria listed for each area. <i>Growth development deviations:</i> percentiles specified <i>Motor skills:</i> 2.0 SD or 33% delay; 1.5 SD or 25% delay with other delays <i>Visual and hearing impairment:</i> clinical judgment <i>Cognitive:</i> 2.0 SD or 33% delay; 1.5 SD or 25% delay with other delays; developmental index between 1-2.0 SD plus consistent delays in other areas; informed clinical opinion based on atypical development or observed behaviors <i>Communication:</i> 2.0 SD or 33% delay; 1.5 SD or 25% delay with other delays; informed clinical opinion <i>Social-Emotional:</i> informed clinical opinion <i>Adaptive:</i> informed clinical opinion	NO	Tracks children at risk and conducts periodic follow-up at risk clinics. Uses medical (biological) risk factors.

1. Source: Survey of Part C Coordinators and/or definition from most recent OSEP-approved application; data current as of July 2006
2. Note: Diagnosed physical or mental condition with high probability of resulting in developmental delay, commonly referred to as “established conditions,” is an eligibility category required under Part C and, thus, is not included in this table.
3. “Areas” refer to the five developmental areas — physical, communication, cognitive, social or emotional, and adaptive that are cited in the law.

Table 2: State and Jurisdictional Eligibility Definitions Under Part C of IDEA^{1,2}, continued

State	Level of Developmental Delay Required for Eligibility ³	Serving At risk	Comments
Rhode Island	2.0 SD or 33% delay in one or more areas; 1.5 SD or 25% delay in two areas; or clinical opinion	NO	Describes single and multiple established conditions. Single conditions involve diagnoses which are known to result in developmental delay. Multiple established conditions include all diagnoses, events, and circumstances which, in combination, are known to result in developmental delay. Definition does not include children who are at risk. List of child- and parent-centered conditions. Four or more positive findings are considered guidelines for eligibility.
South Carolina	33% below chronological/adjusted age in at least one area; or 25% below chronological/adjusted age in two or more areas;	NO	Provides a table of established conditions with diagnostic criteria for eligibility.
South Dakota	25% below normal age range or 6-month delay, or demonstrating at least a 1.5 SD delay in one or more areas	NO	.
Tennessee	25% below chronological age in two or more areas; or 40% below chronological age in one area; informed clinical opinion	NO	
Texas	Atypical development or delay in one or more areas (specific level of delay determined by test performance): Ages 2 months or less — documented atypical responses or behaviors; Ages 2-12 months — 2-month delay in one area; Ages 13-24 months — 3-month delay in one area; Ages 25-36 months — 4-month delay in one area	NO	Adjusts for prematurity up to 12 months. May not adjust for more than 2 months prematurity. Includes criteria for atypical development.

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2. Note: Diagnosed physical or mental condition with high probability of resulting in developmental delay, commonly referred to as “established conditions,” is an eligibility category required under Part C and, thus, is not included in this table.
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Table 2: State and Jurisdictional Eligibility Definitions Under Part C of IDEA^{1,2}, continued

State	Level of Developmental Delay Required for Eligibility ³	Serving At risk	Comments
Utah	1.5 SD at or below the mean, or at or below the 7th percentile in one or more areas; clinical opinion determined by at least two professionals representing different disciplines and at least one must hold the EI Specialist II credential; must have expertise in areas of stated concern	NO	Tracks and monitors at risk. Provides a list of established conditions.
Vermont	Clearly observable and measurable delay in one or more areas at the level that child's future success in home, school, or community cannot be assured without provision of early intervention services; clinical judgment including family input	NO	Provides a list of conditions at high probability for developmental delay. Lists exit criteria.
Virgin Islands	25% delay in one or more areas, standardized test scores of 1.5 SD below norm, or documented informed clinical opinion or established condition.	NO	Defines criteria for informed clinical opinion. Includes a list of established conditions.
Virginia	25% below chronological or adjusted age in one or more areas; or show atypical development; informed clinical opinion	NO	
Washington	1.5 SD or 25% delay in one or more areas; criteria listed for hearing and vision impairment	NO	Provides family resources coordination (FRC) for all families referred from the time a concern is identified through completion of evaluation/ assessments. If the child is determined not to be eligible, FRC services are no longer continued. Includes a list of established conditions.
West Virginia	A substantial developmental delay or atypical development in one or more areas, determined by a MDT including parents, and supported by observation, measurement, and/or clinical judgment.	YES (biological and environmental)	Provides a list of established conditions. At risk category requires at least four risk factors. Includes a list of risk factors.

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2. Note: Diagnosed physical or mental condition with high probability of resulting in developmental delay, commonly referred to as "established conditions," is an eligibility category required under Part C and, thus, is not included in this table.
3. "Areas" refer to the five developmental areas — physical, communication, cognitive, social or emotional, and adaptive that are cited in the law.

Table 2: State and Jurisdictional Eligibility Definitions Under Part C of IDEA^{1,2}, continued

State	Level of Developmental Delay Required for Eligibility ³	Serving At risk	Comments
Wisconsin	25% delay or 1.3 SD in one area; or atypical development as determined by MDT with informed clinical opinion.	NO	Defines atypical development. Multidisciplinary team determines established conditions with physician report. Provides examples of established conditions in state rule.
Wyoming	1.5 SD or 25% delay in one or more areas; clinical opinion	NO	

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